exact and Cochran-Mantel-Haenszel tests were used to compare responses and toxicities.

Results: The median age of the patients was 58 yrs (range: 39-72) in Group A and 58 yrs (range: 49-68) in Group B. Group A had more female pts (56% vs 25%) and a decreased baseline renal function (median creatinine clearance 76 vs 108 ml/min) compared to Group B. There was no significant difference in disease status pre-2nd ASCT between the 2 groups. Salvage therapy was given to 12 pts in group A and 16 pts in group B. The median time between 2 ASCTs were 29 (range: 3-67) months in group A vs 35.5 (range: 18-58) months in group B. All patients received stem cells which were collected and cryopreserved prior to the 1stASCT. At day +100, seven patients from Group B had CR compared to 2 from group A (p=.11) (Table 1). Patients who received BEAM had higher incidence of febrile neutropenia (16 vs 10 pts) and longer hospitalization (23 vs 15 days, p <.0001). Other toxicities were not significantly different between these groups.

Conclusion: BEAM seems to be a viable and tolerable conditioning regimen for 2ndASCT in MM pts. Further analyses including PFS and OS are planned to better define the two groups.

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Autologous Peripheral Blood Stem Cell Transplant Using BEAM or CBV without Cryopreservation. 82 Procedures in Patients with Relapsed Hodgkin and Non- Hodgkinxs Lymphoma

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Small series have shown that it is possible perform autologous hematopoietic transplant in lymphoma patient without cryopreservation. In most of them, CBV *like* or BEAM *like*-regimen were used, but with important modifications of the intensity of dose delivered, or using different drugs . We present our experience in a large group of lymphoma patients using non-cryopreserved stem cells after administration of BEAM or CBV without alteration of the total amount of chemotherapy of these regimens.

The mobilization was done with filgrastin 5 mg/kg/BID for five to six days, after that, one or two leukopheresis of 3 to 5 blood volume was done; the cells were stored at 4oC, 6 days for first leukopheresis, and 5 for the second one. The preparative regimen began in the evening of the last pheresis, this was the day − 5. All patients received filgrastim or pegfilgrastim after the transplant82 ptes in whom were collected at least 1.0 x 10(6) CD 34/kg (X: 2.5) were transplanted; 49 were men, median age was 36 Y (11-65), 42 had Hodgkin disease and 40 had lymphoma, the totality of them were in CR2 or beyond. 65 received BEAM and 17 CBV. The median viability of the cells after 6 days of refrigeration (trypan blue exclusion) was 82% (range 66-90). All patients had fast and complete neutrophil engraftment; median time to achieve 500/ul or more was 12 days (9-23), 79 were evaluable for thrombopoiesis, 78 of them had a self- sustained platelets count of 20.000 or more at a median of 17 days (range 9-50). There has not been secondary engraftment failure.

The tolerance and efficacy of the BEAM and CBV administered in 5 days was good; the transplant related mortality was 3.6% and the Kaplan Meir estimate for OS at 36 months was 65% and 58% for patients with Hodgkin and lymphoma respectively.

Preparative regimens

BEAM	D-5	D-4	D-3	D-2	D-1
Etoposido 200-300 mgs/m2/day	X	X	X	X	
BiCNU 300 mgs/m2/day	X				
Citarabine 300 mgs/m2/day		X	X	X	
Melfalan 140 mgs/m2/day				X	
CBV					
Cyclosphaphamide 2.000 mgs/m2/day			X	X	X
BiCNU 300 mgs/m2/day	X				
Etoposide 300 mgs/m2/day	X	X	X		

We conclude; the use of non-cryopreserved stem cell for supporting autologous transplant after a BEAM or CBV conditioning is feasible, safe, and produce a fast, complete and sustained hematopoiesis. This simple procedure is a good alternative for saving costs and it can expand the number of lymphoma patients who would receive the benefit of tranplant.

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Autologous Stem Cell Mobilization in AL Amyloidosis with Plerixafor and G-CSF: Update of a Single Center Experience

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Background: Standard initial therapy for a minority of patients with systemic AL amyloidosis is risk-adapted melphalan and stem cell transplant (SCT) with SC mobilization often accomplished with high dose G-CSF (16μg/kg/d). Based on the phase III experience in MM, we investigated the combination of G-CSF and Plerixafor for stem cell mobilization in AL. We report an update of our experience with this mobilization approach.

Methods: Patients were diagnosed by standard criteria with tissue biopsies showing amyloidosis. They were mobilized and collected between 4/16/12 and 9/11/13 with G-CSF 10μg/kg/d subcutaneously (SC) for 5 days (and continued through collection) and Plerixafor, adjusted for renal function, starting on day 4 until collection was completed.

Results: We report on 12 patients whose median age at mobilization was 58 yrs (range 46-72), 58% of whom were men. Median number of organs involved was 2 (range 1-4), most frequently the kidneys (n=9) and the heart (n=8). Median time from diagnosis to mobilization was 7.5 mths (range 2-123). 9 patients had prior bortezomib-based therapy with a median of 3 cycles (range 0-6). One had received a SCT 10 years prior and relapsed, and one was 1 yr s/p orthotopic heart transplant. 5 patients had a creatinine of ≥ 1.5 mg/dL including 2 on hemodialysis. The target CD34+ cell dose was 10 x 10^6 CD34/kg for all but one patient due to the history of prior SCT. The median number of collections was 2 (range 2-3). On day one, a median of 3.6 x10^6 CD34/kg (0.4-13.8x10^6) was collected and on day two, 6.4 x10^6 (2.7-19x10^6). The median total CD34+ cells collected per kg was 13.8x10^6 (5-18x10^6). No significant toxicities were observed with Plerixafor. 2 patients had grade 1 bleeding from the catheter site during apheresis and one had dyspnea with suspected fluid overload which responded to furosemide.

All patients went on to receive high dose chemotherapy with melphalan followed by autologous SCT. The median stem cell dose infused was 7.7x 10^6 CD34/kg and median days to ANC > 500 was 11 (10-22), to platelets > 20K untransfused was 22 (15-44) and to lymphocytes > 500/μl was 14.5 (11-25). One patient who had VOD and persistent